

FIG. 2.

FIG. 3.

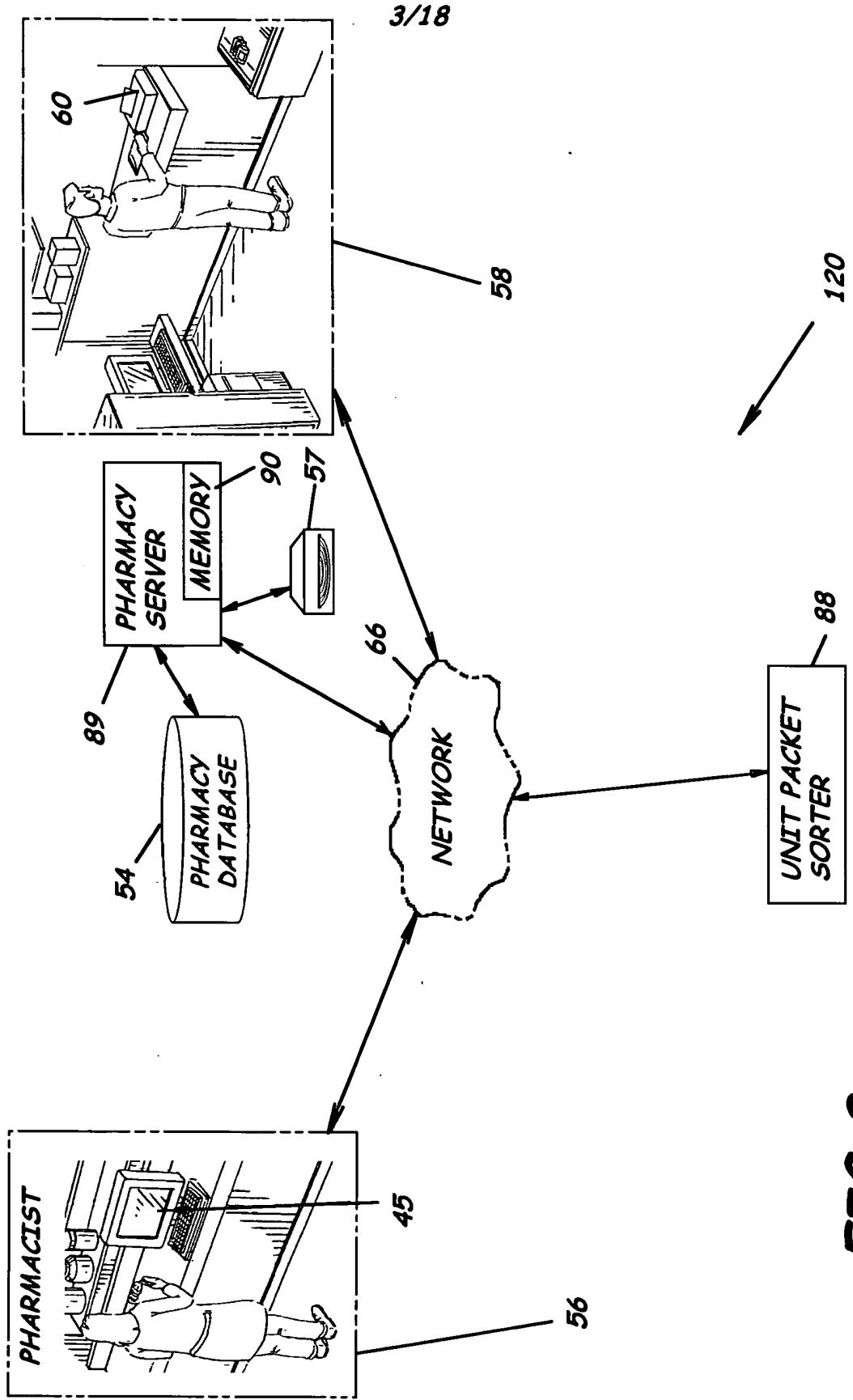
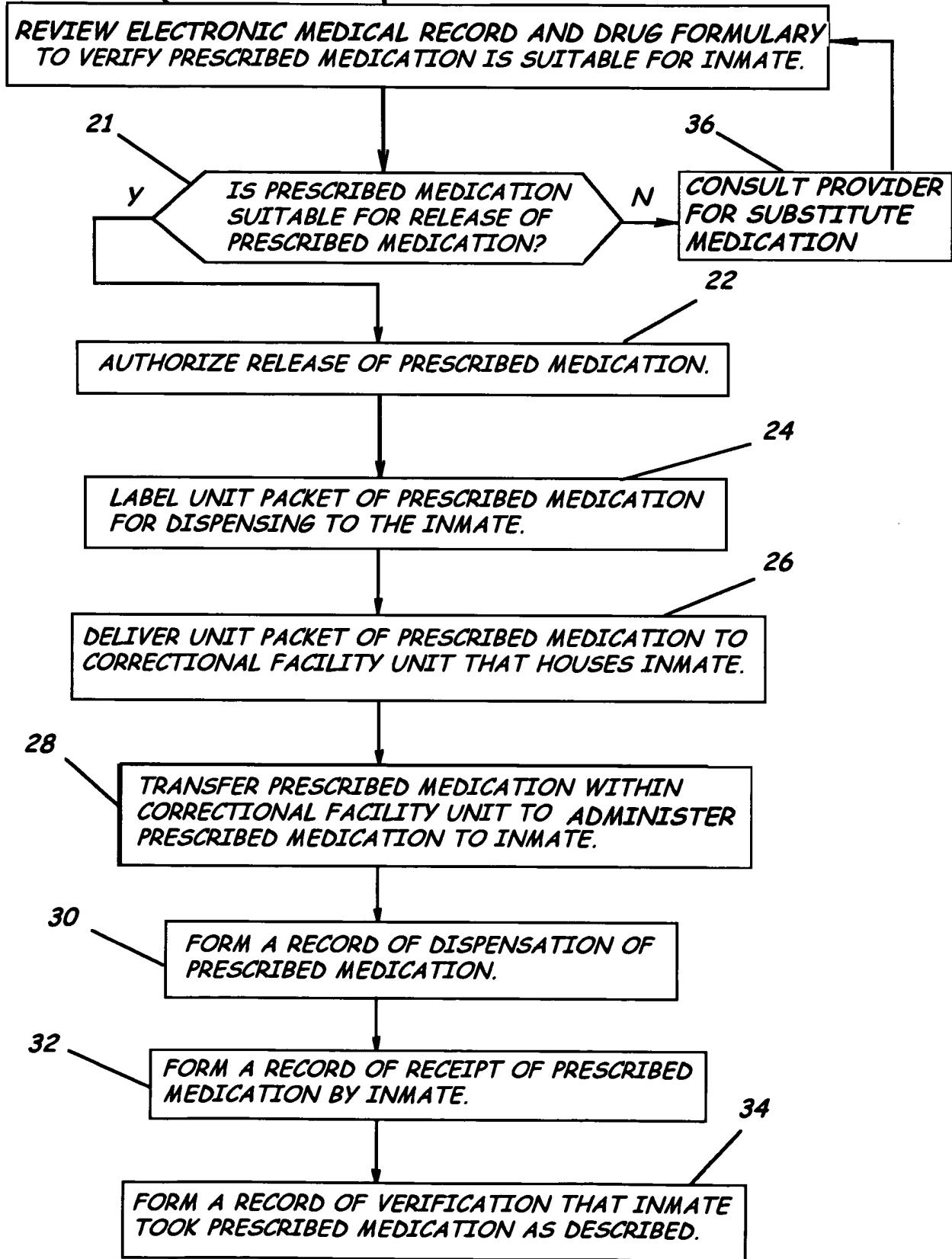


FIG. 4. ↴^F

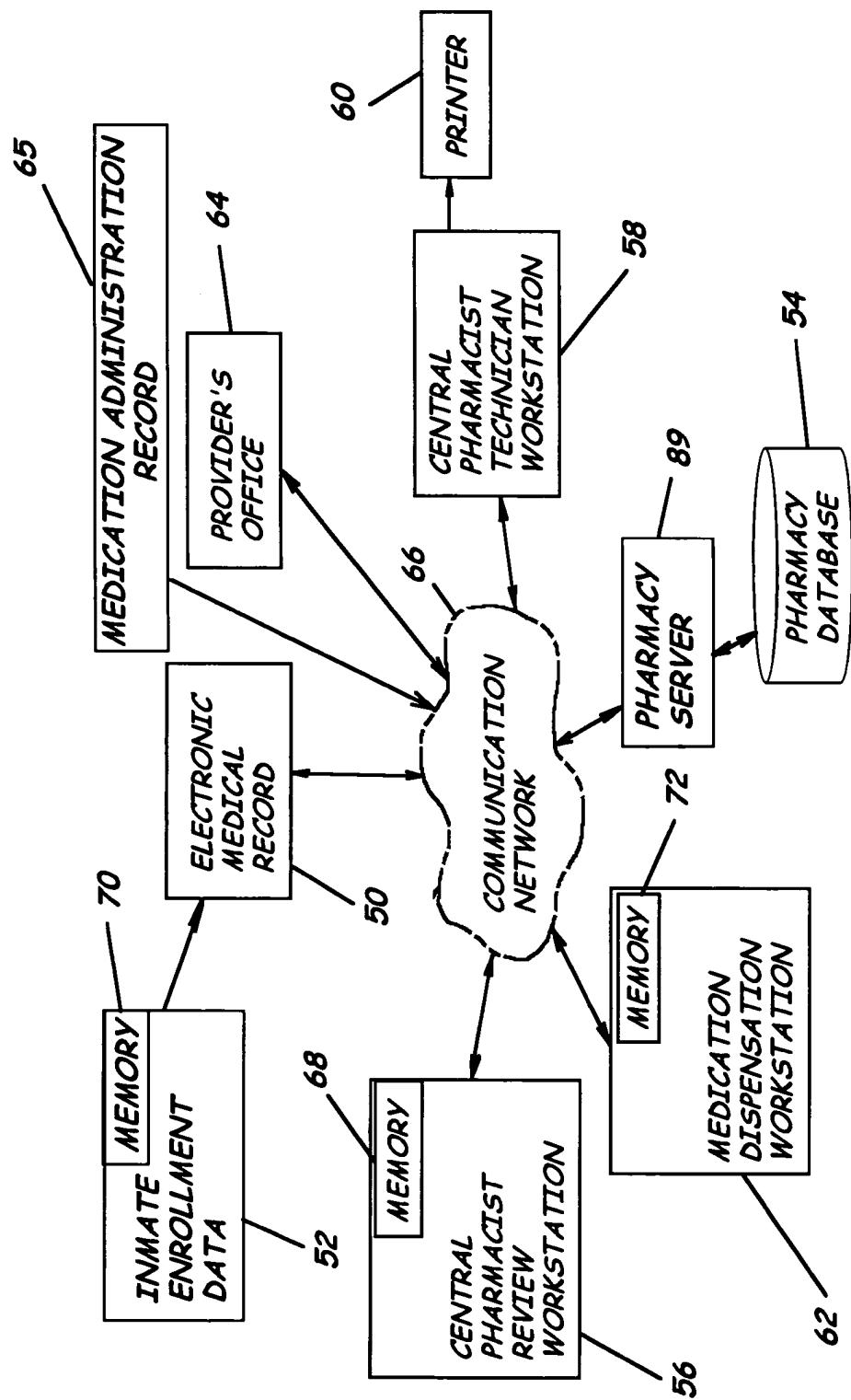


FIG. 5.

6/18

FIG. 6.

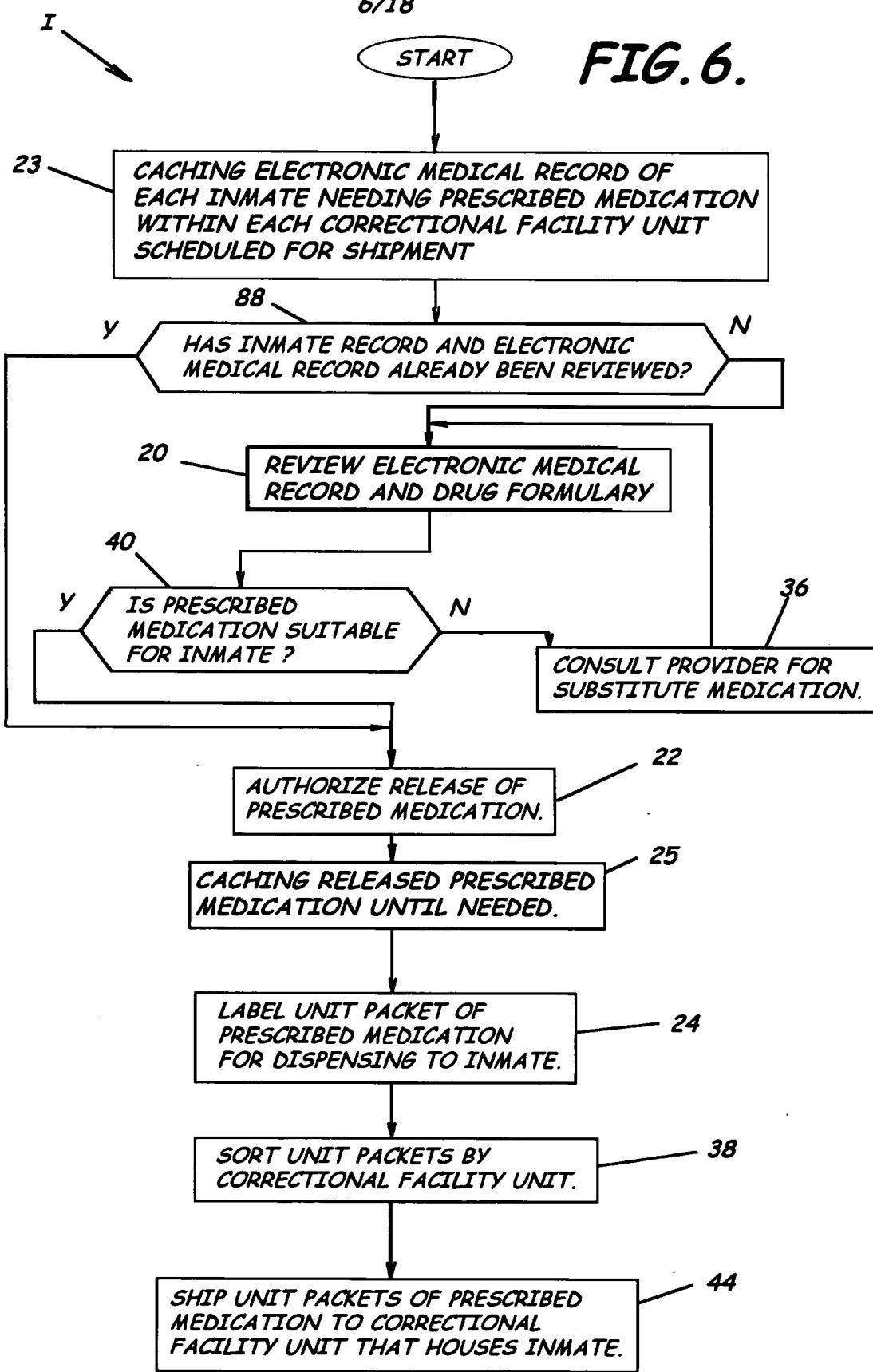
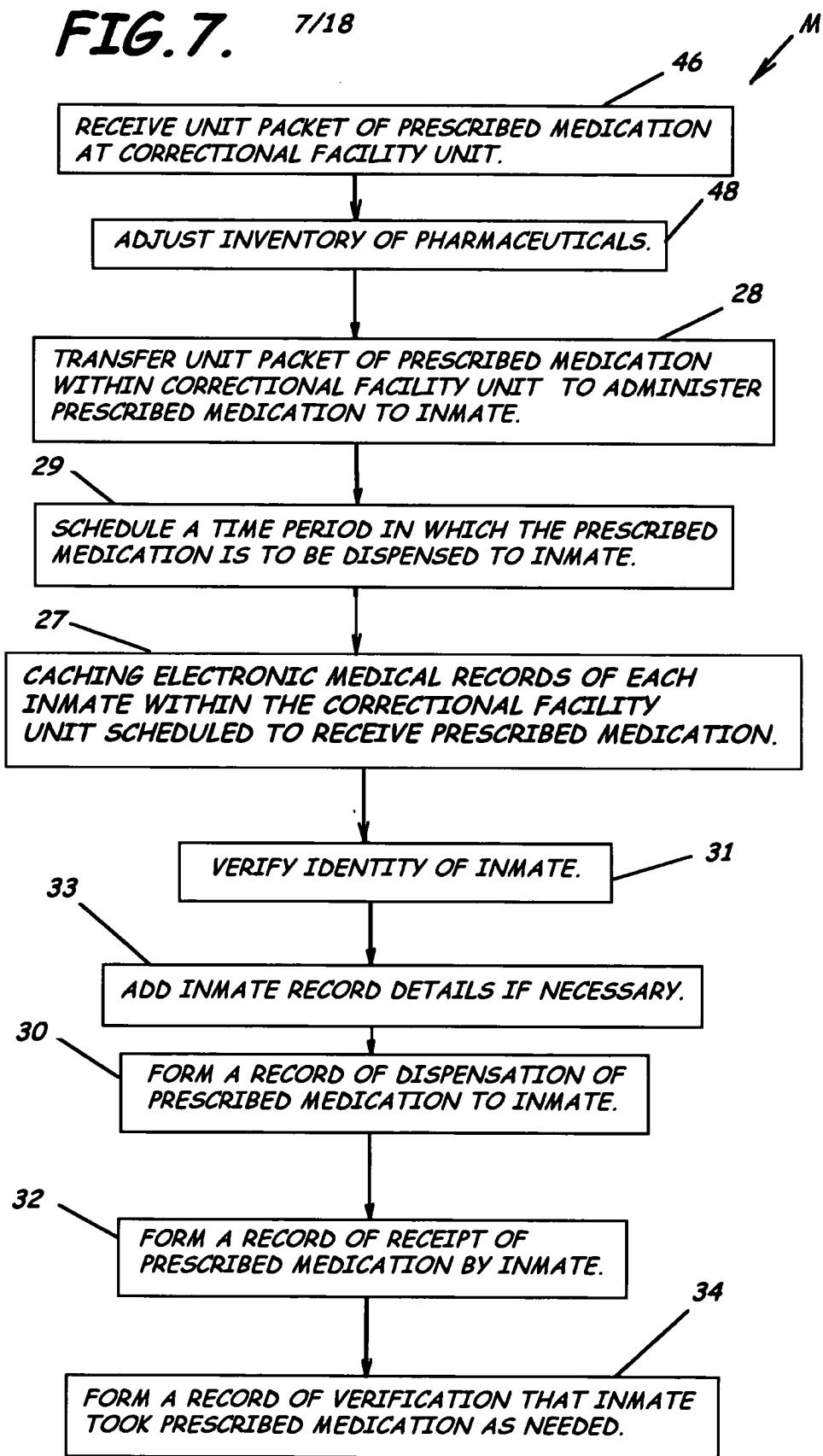


FIG. 7. 7/18



8/18

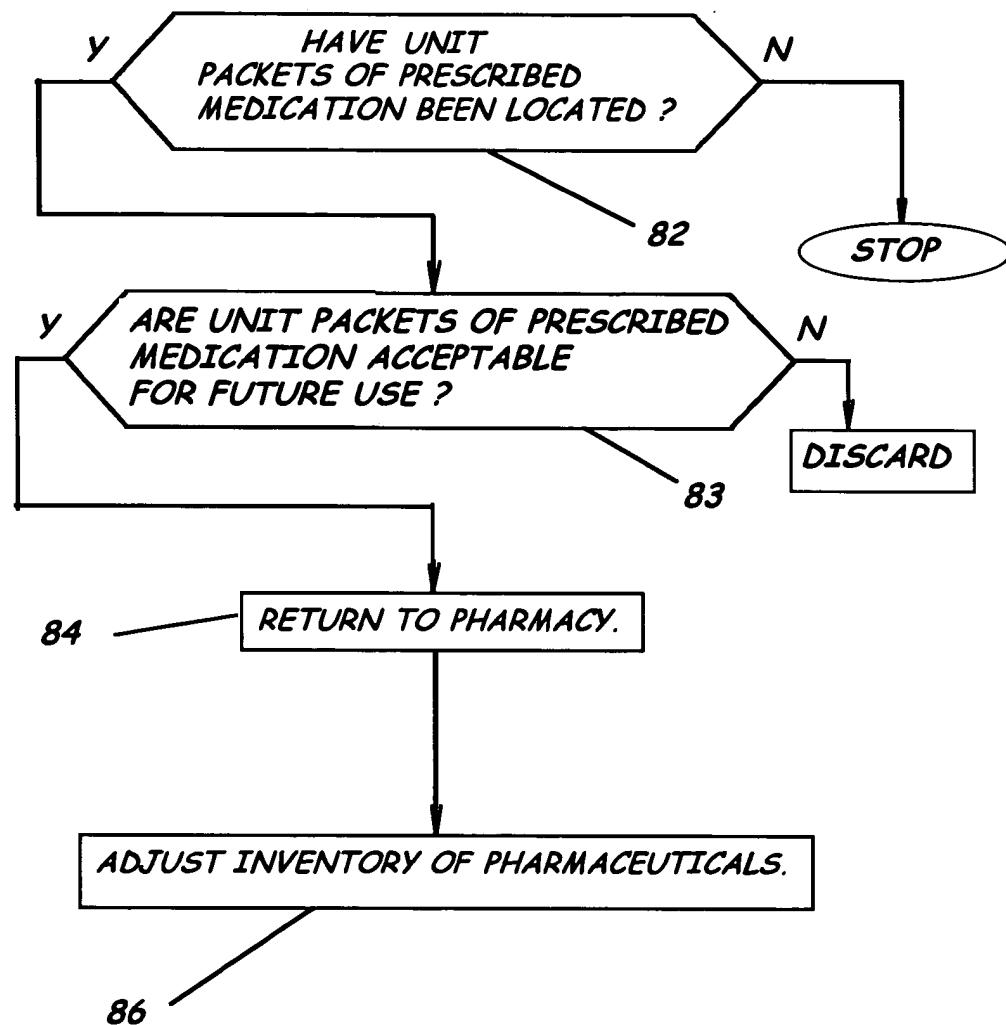


FIG. 8.

9/18

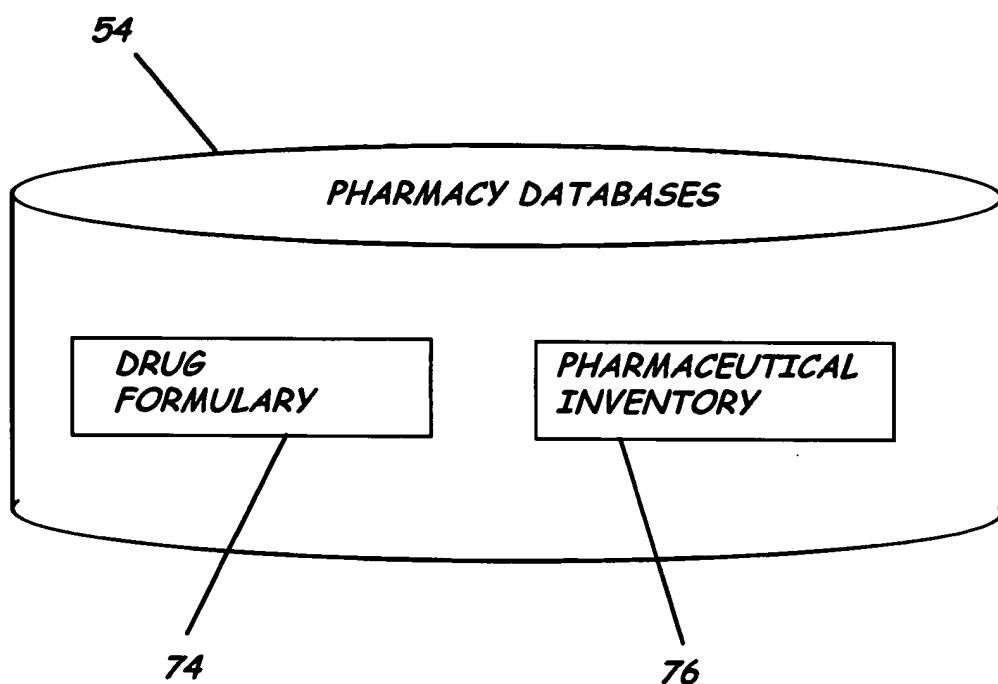


FIG. 9.

10/18

http://129.162.105.160/PharmacyWebSite/UnitsToWave.aspx

Facility

Username: Doe, John Date: 1/24/2007 10:53

Group: TDCJ Units: 729 Waves: CO - CENTRAL

Wave 0 is the default wave.

Unit ID	Unit Name	Facility Code	Wave	Action
Edit BH	BRADSHAW	858	1	Delete
Edit DB	BRISCO	880	1	Delete
Edit DU	BYRD	861	1	Delete
Edit CO	COFFIELD	885	1	Delete
Edit CL	COLE	866	1	Delete
Edit DA	DARRINGTON	871	1	Delete
Edit DO	DIBOLL	873	1	Delete
Edit BX	DOMINGUEZ	874	1	Delete
Edit FE	FERGUSON	883	1	Delete
Edit HT	HILLTOP	898	1	Delete
Edit AH	HUGHES	901	1	Delete
Edit HJ	HUTCHINS	904	1	Delete
Edit JI	NESTER I	906	1	Delete

FIG. 10.

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11/18

Facility

Username: Doe,
John

Prescription Order Entry 1/24/2007 18:21

Patient ID #: 629009 Name: MCCOOK, JOHN L.

Entering For: Doe, John

Prescriptions:

Name	Dose Frequency	IS-DR Prn	Auto
CAPITROL 2% SHAMPOO	AS DIRECTED		<input type="button" value="Edit/Delete"/>

Allergies: No Known Allergies

Description	Delete
PENICILLINS	Delete
PENTAMIDINE	Delete
METRONIDAZOLE	Delete
AMPRENAVIR/SULFONAMIDE	Delete
NAIC PREPARATIONS	Delete
PENTAZOCINE	Delete
BETA-LACTAMS	Delete
INFLUENZA VIRUS VACCINES	Delete
MACROLIDES	Delete
SWEETENERS	Delete
COX-2 INHIBITOR/SULFONYL MOIETY	Delete
SYNTHETIC ANALGESICS	Delete
CARBAPENEM	Delete
LOOP DIURETICS	Delete
PENICILLINS	Delete

Buttons:

Version: 1.0.0.0
Last Modified: 6/29/2009 8:47:34 AM

FIG. 11.

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12/18

12/18/2003 4:26:20 PM

Add/Edit Prescription

Drug Name: ACETAMINOPHEN 325MG TABLET

Strength: 325MG Refills: 0
Route: ORAL(po) Dose: 2
Normal Dose: 2 Frequency: Q4 More
Rx Date: 1/24/2007 Duration: 30 Days
Rx Time: 16: 33 Quantity:
Expires: Start Date: 1/24/2007
Prior Authorization: # Days KOP: PRN

Dispense Method: Substitution Allowed Patient Request
Special Instructions: Put your special instructions here
 Email Provider

Version: 1.0.0.0
Last Modified: 3/19/2003 4:26:20 PM

FIG. 12.

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13/18

Drug and Allergen Data			
DRUG DRUG INTERACTIONS			
There are no drug interactions.			
DRUG ALLERGEN REACTIONS			
Drug Name	Allergen Name	Allergen Group	Probability
DEMADEX 10MG TABLET	LOOP DIURETICS	LOOP DIURETICS	1
DEMADEX 10MG TABLET	SWEETENERS	LOOP DIURETICS/SWEETENERS	2
M-M-R II VACCINE	INFLUENZA VIRUS VACCINES	VACCINE AND TOXOID PREPARATIONS, COMBINATIONS/INFLUENZA VIRUS VACCINES	2
DUPLICATE THERAPIES			
Drug 1 Name	Drug 2 Name	Therapeutic Class	
APAP 160MG/5ML ELDIXIR	ACETAMINOPHEN 325MG TABLET	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	

FIG. 13.

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14/18

Username: Doe, John		Medication Profile		1/24/2007 8:44																															
Patient ID #: 598808	Name: Doe, Jane																																		
Rx(s):	Rx Properties:																																		
<table border="1"><tr><td>1. APAP 160MG/5ML ELIXR</td></tr><tr><td>2. ACETAMINOPHEN 325MG TABLET</td></tr><tr><td>3. ACETAMINOPHEN 325MG TABLET</td></tr><tr><td>4. ACETAMINOPHEN 325MG TABLET</td></tr><tr><td>5. ACETAMINOPHEN 325MG TABLET</td></tr><tr><td>6. TETRACYCLINE 500MG CAPSULE</td></tr><tr><td>7. MYCOLOG II CREAM</td></tr><tr><td>8. MS CONTIN 30MG TABLET SA</td></tr><tr><td>9. DYAZIDE 50/25 CAPSULE</td></tr><tr><td>10. MMR-II VACCINE</td></tr><tr><td>11. BABY SHAMPOO</td></tr><tr><td>12. MONISTAT 3 VAGINAL CREAM</td></tr></table>	1. APAP 160MG/5ML ELIXR	2. ACETAMINOPHEN 325MG TABLET	3. ACETAMINOPHEN 325MG TABLET	4. ACETAMINOPHEN 325MG TABLET	5. ACETAMINOPHEN 325MG TABLET	6. TETRACYCLINE 500MG CAPSULE	7. MYCOLOG II CREAM	8. MS CONTIN 30MG TABLET SA	9. DYAZIDE 50/25 CAPSULE	10. MMR-II VACCINE	11. BABY SHAMPOO	12. MONISTAT 3 VAGINAL CREAM	<table border="1"><tr><td>Rx Date: 3/18/2006</td><td>Last Taken Date: 3/25/2006</td></tr><tr><td>Rx Time: 11:33</td><td>Last Taken Time: 8:43</td></tr><tr><td>Start Date: 3/18/2006</td><td>Current Refill: 0</td></tr><tr><td>Status: ACTIVE</td><td>Refills: 0</td></tr><tr><td>State Commodity Code: 7/08230056</td><td>Frequency: QD</td></tr><tr><td>Drug Name: DEMADEX 10MG TABLE</td><td>Last Dose #: 2</td></tr><tr><td>Drug Strength: 10MG</td><td>Total Doses: 8</td></tr><tr><td>Drug Form: TABS</td><td># Times as KOP: 0</td></tr><tr><td>Provider: I</td><td>Expires: 5/2/2008</td></tr><tr><td>Route: ORAL(po)</td><td>Compliance Ratio: 100%</td></tr><tr><td>Dosing/Special Instructions: 1 TABLETS ORAL(po) DAILY.</td><td></td></tr></table>	Rx Date: 3/18/2006	Last Taken Date: 3/25/2006	Rx Time: 11:33	Last Taken Time: 8:43	Start Date: 3/18/2006	Current Refill: 0	Status: ACTIVE	Refills: 0	State Commodity Code: 7/08230056	Frequency: QD	Drug Name: DEMADEX 10MG TABLE	Last Dose #: 2	Drug Strength: 10MG	Total Doses: 8	Drug Form: TABS	# Times as KOP: 0	Provider: I	Expires: 5/2/2008	Route: ORAL(po)	Compliance Ratio: 100%	Dosing/Special Instructions: 1 TABLETS ORAL(po) DAILY.	
1. APAP 160MG/5ML ELIXR																																			
2. ACETAMINOPHEN 325MG TABLET																																			
3. ACETAMINOPHEN 325MG TABLET																																			
4. ACETAMINOPHEN 325MG TABLET																																			
5. ACETAMINOPHEN 325MG TABLET																																			
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9. DYAZIDE 50/25 CAPSULE																																			
10. MMR-II VACCINE																																			
11. BABY SHAMPOO																																			
12. MONISTAT 3 VAGINAL CREAM																																			
Rx Date: 3/18/2006	Last Taken Date: 3/25/2006																																		
Rx Time: 11:33	Last Taken Time: 8:43																																		
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Drug Name: DEMADEX 10MG TABLE	Last Dose #: 2																																		
Drug Strength: 10MG	Total Doses: 8																																		
Drug Form: TABS	# Times as KOP: 0																																		
Provider: I	Expires: 5/2/2008																																		
Route: ORAL(po)	Compliance Ratio: 100%																																		
Dosing/Special Instructions: 1 TABLETS ORAL(po) DAILY.																																			

FIG. 14.

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15/18

Username: Doe, John		Unit Receipt				1/24/2007 8:53		
DOE, JANE		Manifest: []						
Rx ID	Packs Packed Sent Received	Patient ID	SCOURCE	Drug Name	Strength/Units	Quantity	Date Sent	Ordering Unit
[REDACTED]	14626372	0	DOE, JANE	106926227030220209 ERYTHROMYCIN BASE	333MG TABS	0	3/24/2006 12:50:00 PM	LT - 871
[REDACTED]	14626382	0	DOE, JANE	106926227030780459 ESTROGENS,CONJUGATED	2.5MG TABS	0	3/24/2006 12:50:00 PM	LT - 871
[REDACTED]	14626392	0	DOE, JANE	106926227030780459 ESTROGENS,CONJUGATED	2.5MG TABS	0	3/24/2006 12:50:00 PM	LT - 871
[REDACTED]	14626182	0	DOE, JANE	598808 27087130806 ZAFIRLUKAST	20MG TABS	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626192	0	DOE, JANE	598808 27001260200 ACETAMINOPHEN	160MG/5ML BT	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626202	0	DOE, JANE	598808 27001260200 ACETAMINOPHEN	160MG/5ML BT	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626212	0	DOE, JANE	598808 27001260200 ACETAMINOPHEN	160MG/5ML BT	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626222	0	DOE, JANE	598808 27006450806 AMOX TROPOTASSIUM CLAVULANATE	250-125MG TABS	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626232	0	DOE, JANE	598808 27001260200 ACETAMINOPHEN	160MG/5ML BT	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626242	0	DOE, JANE	598808 27001260200 ACETAMINOPHEN	160MG/5ML BT	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626252	0	DOE, JANE	598808 27001260200 ACETAMINOPHEN	160MG/5ML BT	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626302	0	DOE, JANE	598808 27001260200 ACETAMINOPHEN	160MG/5ML CONTAINERS	0	3/24/2006 12:50:00 PM	DA - 871
[REDACTED]	14626462	0	DOE, JANE	952569 27033480016 FLUOXETINE HCL	20MG CAPS	0	3/24/2006 12:50:00 PM	DA - 871

FIG. 15.

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16/18

FIG. 16.

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17/18

Username: Doe,
John

Administer Prescriptions 1/24/2007 9:13

Inmate #: **598808** Name: **Doe, Jane** Location:

Time Stamp: Current Custom **MM/DD/YYYY hh:mm**

Prescription	APAP 160MG/5ML ELIXIR	1/24/2007	1/24/2007	4/24/2007
650 BOTTLE ORAL(po) THREE TIMES DAILY.				
Rx ID:	1462900	Last Taken:	Start:	Expires:
Route:	ORAL(po)	1/24/2007	1/24/2007	4/24/2007
ACETAMINOPHEN 325MG TABLET				
2 TABLETS ORAL(po) Q3-4 HOURS.				
Rx ID:	1462901	Last Taken:	Start:	Expires:
Route:	ORAL(po)	3/25/2006	3/24/2006	6/10/2006
ACETAMINOPHEN 325MG TABLET				
2 TABLETS ORAL(po) Q3-4 HOURS.				

Legend:
 Open
 Available
 Hold
 Hold/Dispense
 From Stock
 Expired
 Refilled
 Canceled

Page 1 of 4 Print Preview

Version: 1.0.0.0
Last Modified: 02/02/2008 00:17:14 AM

FIG. 17.

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18/18

FIG. 18.

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